

Commonwealth of the Northern Mariana Islands

Office of the Governor

Saipan, MP 96950

Telephone: (670) 664-1500 Fax: (670) 664-1515

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON
ALL INVOICES AND DELIVERY SLIPS

No. 472999-000 OP

INSTRUCTIONS

1. P.O. number must appear on all invoices, packages, packing lists, and other related documents.
2. Payments requests, prior to receipt of shipment, must include proof of shipment with invoice.
3. The CNMI Government reserves the right to reject any or all items received that are not in compliance with ordered specifications.
4. AIRMAIL original invoices attached to the original corresponding CNMI Government Purchase Orders to the Division of Finance & Accounting, At: Accounts Payable, P.O. Box 5234 CHRB Saipan, MP 96950. All correspondence with regards to payments must be directed to the above.
5. All correspondence regarding shipment of this order is to be directed to the Director, Procurement & Supply, CNMI.
6. Any refund check should be made payable to CNMI Treasury. Mail all refund to the above address.

DATE: 06/05/07

VENDOR: PACIFIC PEST CONTROL
PMB 420, P.O. BOX 10001SAIPAN MP
96950-8901JOB POINT :
SHIPPED VIA :
DELIVERY TIME:

QUANTITY	UNITS OF ISSUE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	LO	FOR EMERGENCY FUMIGATION AND PEST CONTROL OF THE KAGMAN JUVENILE DETENTION UNIT FOR SANITARY REASONS AND TO BE IN COMPLIANCE WITH THE CONSENT DECREE REPORTING.	.00	300.00
<p>NOTE TO VENDOR: Please provide a copy of invoice showing receipt of goods/merchandise to: Director, PROCUREMENT & SUPPLY P.O. Box 10008 CK Lower Base, Saipan, MP 96950</p>				
TOTAL				300.00

DEPT OF MARPANDS - SAIPAN

DCCA-07-662/1220.62660

P.O. BOX 10008, CK

SAIPAN, MP

96950

SHIP VIA:

Requested By : Youth Services Saipan

RELEASE DATE : 06/05/07


HERMAN SABLAN

VENDOR

GUAM

P.O. Box 6754 • Tamuning, Guam 96931
 Tel: (671) 637-8959 • Fax: (671) 637-7996
 Email: pacpest@ite.net

PALAU

P.O. Box 10241 • Koror, Palau 96940
 Tel: (680) 488-8318



Service Guaranteed

SAIPAN

P.O. Box 5783 CHRB • Saipan, MP 96950
 Tel: (670) 235-3041 • Fax: (670) 235-3040
 Email: pacpest@pticom.com

Time:

SERVICE RECORD- 64261

Customer Name: Terminal Defendition Date: 1/28/07Contact Person(s): Dagabel NadiaService Location: Kagman

Mailing Address: _____

Telephone No.: _____

 TYPE OF SERVICE ☐ Commercial ☐ Home Owner ☐ Termites Shield ☐ Termites Inspection ☒ Others

 TYPE OF PEST ☒ Ants ☒ Roaches ☐ Rodents ☒ Flies ☐ Termites ☐ Others

Instructions: _____

Technician Comments: Inspected through out the interior
band sprayed along the wall structure
base and all corner area.
MATERIALS USED

Sulphur SC

AMOUNT USED

1.75 gal.

Customer: _____ Technician: SeanPrint Name: Benjamin Tagabkel Time In: _____ Time Out: _____

THIS IS NOT AN INVOICE